

# FEE TRANSMITTAL

## For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 980

### Complete if Known

Application Number	10/523,918
Filing Date	10/18/2005
First Named Inventor	Cecilia Lucia Clara Lelivelt
Examiner Name	Anne R. Kubelik
Art Unit	1638
Attorney Docket	0702 - 050119

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims - 20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)  
51 - 49 = 2 x 50 = 100

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)  
5 - 3 = 2 x 210 = 420

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof.

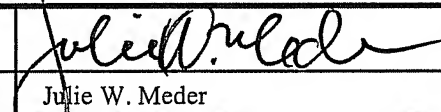
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = \_\_\_\_\_ (round up to a whole number) x Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge):	Two Month - Petition for Extension of Time	460

### SUBMITTED BY

Signature		Registration No. 36,216 (Attorney/Agent)	Telephone 412-471-8815
Name (Print/Type)	Julie W. Meder	Date	February 25, 2008